

MARYLAND
FORM 510D

DECLARATION OF ESTIMATED
PASS-THROUGH ENTITY
NONRESIDENT TAX

20 (OR FISCAL YEAR
BEGINNING _____, 20____
ENDING _____, 20____)

MAIL TO: COMPTROLLER OF THE TREASURY
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MARYLAND 21411-0001

DO NOT WRITE IN THIS SPACE				
RM				
ME	YE	EC		
▶	▶	▶	▶	▶
TYPE OF ENTITY: <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Limited liability company				

Federal Employer Identification No. (9 digits) ▶		
Name		
Number and street		
City or town	State	Zip code

SEE INSTRUCTIONS IN PASS-THROUGH ENTITY INCOME TAX PACKAGE

SIGNATURE AND VERIFICATION: I declare that I have examined this declaration and to the best of my knowledge and belief, it is true, correct and complete.

CHECK HERE to request replacement vouchers for the remainder of the current taxable year.

Officer's (or preparer's) signature _____ Date _____

Amount of tax enclosed (if amount of estimated tax is zero, do not file this form)

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Title (or preparer's firm name and address)

COT/RAD 073

CUT ALONG THIS LINE

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Record of Installment Payments

S Corporation/Partnership and Limited Liability Companies

Date Due	Date Paid	Check No.	
1. 15th day of the 4th month/April 15	_____	_____	1.
2. 15th day of the 6th month/June 15	_____	_____	2.
3. 15th day of the 9th month/September 15	_____	_____	3.
4. 15th day of the 12th month/January 15	_____	_____	4.
5. Total estimated tax payments for period (Claim this amount on Form 510 - line 10a for the taxable year.)			5.

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